

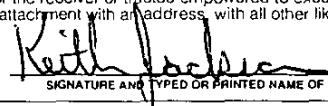


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N06000001210</b> 1. Entity Name <b>FLORIDA A&amp;M UNIVERSITY RESEARCH FOUNDATION, INC.</b>						<b>FILED</b> <b>07 NOV 14 PM 3:12</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>		
Principal Place of Business <b>400 LEE HALL</b> <b>TALLAHASSEE, FL 32307</b>				Mailing Address <b>400 LEE HALL</b> <b>TALLAHASSEE, FL 32307</b>				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent <b>MCBRIDE, ELIZABETH T ESQ</b> <b>300 LEE HALL</b> <b>TALLAHASSEE, FL 32307</b>				7. Name and Address of New Registered Agent Name <b>Avery D. McKnight</b> Street Address (P.O. Box Number is Not Acceptable) <b>Florida A &amp; M University</b> <b>300 Lee Hall</b> City <b>Tallahassee, FL</b> Zip Code <b>32301</b>				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>November 6, 2007</b>				
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2008, Fee will be \$297.50</b>				Make check payable to <b>Florida Department of State</b>				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Keith Jackson</b> <input type="checkbox"/> Delete <b>Director</b> <b>Florida A&amp;M University</b> <b>400 Foote-Hilyer</b> <b>Tallahassee, FL 32301</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600112246016</b> <b>11/14/07--01003--017 **236.25</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>11/7/07</b>				Daytime Phone # <b>412-5102</b>